

Gratefulness Training to Improve the Quality of Life for Older People

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INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH AND KNOWLEDGE

ISSN-2213-1356

www.ijirk.com

Gratefulness Training to Improve the Quality of Life for Older People

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Abstract

The low quality of life of the Older People live in a Nursing Home is due to the limitation and inability of the older people in many aspects in physical, psychological, social, and environmental development. Gratefulness is one of the ways to improve the quality of life of the older people. The purpose of this research is to examine the effect of gratefulness training in improving the quality of life for older people in PSTW (Nursing Home) Budi Dharma of Yogyakarta City. The experimental research design used is the non-randomized pretestposttest with control group design. The subject of the research is the 16 older people in PSTW Budhi Dharma of Yogyakarta City divided into two groups; control group (n=8) and experimental group (n=8). The quality of life is measured by using the quality-of-life scale designed by the researcher referred to several experts' opinions. The Mann-Whitney U and gain score tests were used to find whether there is any difference between the treatment and control group or not. The result of the research showed that there is a difference in the score between the experiment and control group ($p < 0,05$) during the pretest-posttest and pretest-follow up. The result proved that there is a significant difference in the score between the experiment and control group. The gratefulness training have a positive change in the older people to have better health, have more spirit and become more whole-hearted in living their golden age, become more grateful for what they have, become happier and more relaxed,

have more positive and controlled emotion, and become more easy-going to have a close relationship with other people.

1

Keywords: Gratefulness Training, Quality of Life, Nursing Home, Older People

1. Introduction

Indonesia is considered as a country which has the most rapid growth in the number of older people in the period of 1990-2025. Along with the increasing population, there is an effect on the life expectancy rate (*angka harapan hidup*) in Indonesia. The highest life expectancy rate is in Yogyakarta for 13,4% of the total population in 2012 (1) and in 2020, it is expected to have an increase in the total population up to 15,6% (2).

The increase in life expectancy rate in every year rises many issues in many aspects of the life of older people, both in individual aspects and in the aspects related to family and society (3,4).

The old/golden age (*masa lansia*) starts from 60 years of age until the death (5-7). According to Hurlock (5), old age is the final stage of human development, an age in which the older people have an expectation to have a restful and peaceful life, as well as to enjoy their pension age together with their beloved son/daughter(s) and grandson/grandaughter(s) in a full attachment. However, not all older people can have these conditions. There is a change that can have an effect in physical, social, and mental disorder (8), so that results in the decreasing quality of their life (9).

Sarafino & Smith (10) define quality of life as an individual's assessment on the improvement experienced in their ability in performing their activities, in their energy or inconvenience, personal control, interpersonal relationship, convenience in performing the activities, personal material development and in their intelligence. The quality of life of each individual will be varied depends on his/her own definition or interpretation on a good quality of life.

As the smallest unit of the society, family plays a very important role in the treatment of the older people to improve the quality of life of older people (11). The older people who still live together with their family have a reinforcement coming from their family. However, when they do not have family anymore or even do not live with their family, they have only to be resigned, feeling lonely, and may result in role-changing of the older people in their adaptation that has a detrimental effect in their adaptation to social environment (9). The older people live in the nursing home has worse cognitive function and social engagement than those who live with family (12) especially for the quality of life in psychological and social aspects (13).

Based on the results of interviews conducted with the a Psychologist of the Provincial Department of Social of Yogyakarta and with older people who live in PSTW Budhi Dharma, family support is one of the important factors that affect the quality of life of the older people. In addition, they complain that, sometimes, there is a conflict arises with their friends in the nursing home that make them feel uncomfortable. They also feel that they have decreasing physical health in the nursing home, some of them even have serious diseases that need an intense medical treatment. They also feel that they can be easily tired, and need more sitting and resting due to the low mobility and decreased activity.

Psychological aspect is the dominant aspect to achieve welfare and to support the improvement on the quality of life for older people. Dewanto&Retnowati (14) state that high welfare have some benefits for better health, increased life expectancy and quality of life. The gratefulness intervention may be an alternative option to

improve the welfare, since gratefulness kebersyukuran has a strong correlation with the components of psychological welfare, such as environmental mastery, personal growth, positive relationship, life purpose and self-acceptance (14,15).

Gratefulness is a cognitive, emotional and behavioral construction (16). The gratefulness as a cognitive construction is shown by recognizing the generosity and kindness for the blessings that have been received and focusing on the positive things in him/herself. In the construction of emotions, gratefulness is characterized by its ability to change the emotional response to an event to be more meaningful involving amazement, gratitude, appreciation and happiness for the gift and well-living. Meanwhile, the gratefulness as the behavioral construction is having a response to other people for the benefit and gift that have been received.

The desire to get closer to God becomes a need of the older people (7), either by conducting prayers, gratitude, trusting God's plan/tawakal, and conducting other worships. In the view of Islam (17), gratitude is more on reflecting the kindness values received by ourselves and the God as creator. The main focus is *hablumminallah* means that gratefulness is expressing gratitude for all the blessings and gifts that have been obtained in life to God as creator, either directly or through those who do good to him/herself, expressed through heart, oral and deeds.

Gratefulness provides benefits not only as the base of kindness in recognizing ourselves, but also as always obtaining the favor from God. As mentioned in the words of God:

"And [remember] when your Lord proclaimed, 'If you are grateful, I will surely increase you [in favor]; but if you deny, indeed, My punishment is severe.'" (QS. Ibrahim [14]:7).

In the view of Islam, someone's kindness is essentially coming from God, so it is inappropriate if the people ignore God (18).

Ultimately, the researcher is interested in conducting a research related to the effect of gratefulness training on the level of the quality of life of the older people.

2. Method

The research method used is the experimental method with the *non-randomized pretest-posttest with control group design*. The subject of the research was obtained from the screening, that was later used as the pretest or *baseline data* using the quality-of-life scale designed by the researcher referred to the aspects of quality-of-life from WHO (19); physical health, psychological welfare, and environmental relationship aspects. The scale has been tested and obtained that 21 of 30 items are valid with a coefficient of alpha reliability of 0,893.

The research was conducted in PSTW Budhi Dharma Yogyakarta. There were 16 people as the research subject, divided into two groups; the experimental group (n = 8) and control group (n = 8).

The design of gratefulness training interventions was compiled based on the gratefulness theories and aspects of Al-Jauziyah (17) which praise to those who do the kindness, to keep the gift from God, to keep him/herself away from doing forbidden actions, to devote him/herself whole-heartedly to God, to realize him/herself weak to be thankful, to devote all energy to be obedient to God, to use the favors from God to get His blessing, and to constantly praise God for all of His gifts.

Gratefulness training was planned for 3 days with a total time of 375 minutes per material with each session for 90-120 minutes. The gratefulness intervention module that had been developed was tested on the older people who have similar characteristics with the subject of research and still have cognitive and communication ability.

In addition, the module was tested by the professional judgment to determine the feasibility of training materials that will be applied, the time allocation per session or per meeting, methods, training activities, training evaluation that is the compatibility with the purpose of research.

The data obtained will be analyzed using the Mann-Whitney U test with gain score. Overall research activities must uphold the principles of research ethics, they are; anonymity, confidentiality, rights of participants, and registered in the research ethics committee.

1 3. Results

There is a significant difference on the pretest between the experimental and control groups shown from the mean value of the experimental group of 54,62 and the control group of 59,00, which means that the control group is better than the experimental group with a significance value of 0,02 ($<0,05$).

There is a significant difference on the posttest between the experimental and control groups shown from the mean value of the experimental group of 62,00 and the control group of 57,75, which means that the experimental group is better than the control group with a significance value of 0,00 ($<0,05$). Meanwhile, there is no significant difference on the follow-up between the experimental and control groups were shown from the mean value of the experimental group of 54,75 and the control group of 57,50, which means that the control group is better than the experimental group with a significance value of 0,73 ($<0,05$). It is because 1 participant in the experimental group was not in the nursing home without information at the time of the follow-up so there was not any score resulted.

Table 1: The Calculation of Mean between Experimental and Control Group

	Group	Mean	Sig	Description
<i>Pretest</i>	Eksperiment	54,62	0,02	1 Has a significant difference
	Control	59,00		
<i>Posttest</i>	Eksperiment	62,00	0,00	Has a significant difference
	Control	57,75		
<i>Follow Up</i>	Eksperiment	54,75	0,73	No significant difference
	Control	57,50		

Based on the Mann Whitney U analysis, it is known that there is a difference in the quality of life in the experimental group shown from the pretest - posttest with a significance level of $p = 0,001$ ($p < 0,05$) and from the pretest - follow-up with a significance level of $p = 0,015$ ($p < 0,05$) which received gratefulness training intervention with a control group that did not receive the training, meanwhile, there is no difference between the group received the gratefulness training intervention and the control group which did not receive the training on the posttest - follow up. This result is also supported from the mean value of the posttest of the experimental group that is better than of the control group, that is 62,00 (sig. 0,00) for the experimental group and 57,75 (sig. 0,00). The effect of gratefulness training to improve the quality of life of the older people, whether to survive or not, has increasing or decreasing (stable) within two weeks after the training.

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Table 2: The Result of the Difference Test Using Mann Whitney U Test on the Gain Score between the Experiment and Control Groups

	Z	Asymp.Sig. 2 tailed	Description
Gain_pre-post	-3,280	0,001	Has a significant difference
Gain_post-follow	-0,464	0,643	No significant difference
Gain_pre-follow	-2,437	0,015	Has a significant difference

Based on the analysis using *Friedman test* on the experimental group, the chi-square is 9,556 with a significance level of 0,008 ($p < 0,05$). It can be concluded that there is a difference between before, after and follow up on the improvement of quality of life of the older people in PSTW. The result of *Friedman test* conducted on the control group showed the chi square of 5,429 with a significance level of 0,066 ($p > 0,05$). It can be concluded that there is no difference between before, after, and follow up on the improvement of quality of life of the older people in PSTW.

Table 3: The Result of Friedman Test on the Score of Quality of Life from the Experimental and Control Group during Pretest, Posttest, and Follow Up

Group	Chi Square	Sig.	Description
Ekperiment	9,556	0,008	Has a significant difference
Control	5,429	0,066	No significant difference

Based on the result of quantitative analysis above, it can be concluded that there is a difference in the quality of life between the experimental group that received intervention and the control group that did not receive intervention or the hypothesis is accepted.

4. Discussion

The effectiveness of the gratitude training is shown from the results of quantitative and qualitative analysis. The gain score obtained from the pretest-posttest and pretest-follow up between the experimental group and the control group showed some significant differences. Meanwhile, the gain score of posttest-follow-up has no difference, means that the effect of the training still survives or remains after the training conducted. In addition, the effectiveness of the training can also be seen from the mean values of the pretest and posttest of experimental group that are higher than the control group, which means that there is a difference found.

Qualitative analysis shows the effectiveness of the training through the data obtained directly from the participants. The participants revealed that there was a perceived positive change after the training, including having a better health, more spirit and sincerity in serving their old/golden age, being happier, calmer, more relieved, more grateful for what they have, more controlled emotion, more intense worship to Allah, and closer to others that is realized by sharing.

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The positive changes occurred in the older people are in line with some studies that have been conducted previously. Defining the benefits of gratitude is about the outright acceptance of everything that is considered as a gift from God, so that by being grateful, it will result in positive emotions to someone (20, 21). Gratitude can also stimulate someone to appreciate and perform pro-social behavior (22), this mechanism is called as cycle of virtue where the core of gratitude is reciprocal relationship with happiness and subjective well-being (23, 24). In addition, it can also reinforce someone about individual obedience to God the Giver of favors implied in the self-changing to be better (21).

A research on gratefulness conducted by McCraty&Childre (25) found that there is a synchronization between the brainwork, emotions and body when a person is grateful, becomes calmer so that it have the impact on the health of the individual. The impact of being grateful on health is seen better in terms of having a sleep, reducing depressive mood, and the better mood (26, 27), so that will improve life expectancy and quality of life (14)

The effectiveness of gratefulness training showed positive changes in the cognitive, affective, and conative. Cognitive change is showed by obtaining knowledge about gratefulness concerning the meaning, the benefits, the procedures through educational materials of gratitude. Positive change in the affective aspect is obtained through self-reflection concerning the life experience of the older people; what is gained, advantages compared to other people. Changes in the affective aspect are indicated by the appearance of feeling happier, calmer, having more passion, and more controlled emotion.

Changes in cognitive and affective aspects support the positive changes in conative aspect indicated by the implementation of gratitude on the behavior to be closer to other people, to thank the people who give help, to have physical training, and to share what they have with others. The changes in conative aspects are obtained by the older people from the material about how a person applying gratefulness to others through video and practiced by the role play method.

The limitation of this research is on the non-random purposive sampling technique, so that limits in obtaining a representative sample, a lack of control from the researcher on the interaction between experimental and control groups that were still in the home environment. Another limitation is on the limited time to have sharing in groups, in addition to age-related problem, it was also caused by the condition of the body that becomes easily tired due to too long sitting. In addition, the lack of provision of home assignments (eg, daily monitoring book) to evaluate and monitor the progress or improvement that occurred in participants.

5. Conclusion

Gratefulness training is proven able to improve the quality of life of the older people as indicated by the positive changes in cognitive, affective, and conative aspects. The success of this training is supported by several factors, they are; the module that has been tried and tested by *professional judgment*, competent facilitator, motivation of the participants, the well-established approach or *rapport* since the early screening in group.

For further research, it is expected to perform the random sampling technique and control the location of research between the experimental group and the control group. The future research is expected to perform daily monitoring and maximize the group session between participants.

6. Acknowledgement

The researcher thanks to the Directorate of Research and Community Services of the Ministry of Research, Technology, and Higher Education according to the Agreement of the Research Grant Implementation Number: 011/HB-LIT/III/2016, Dated March 15, 2016, that has provided help funding this research.

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